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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/076,135	02/14/2002	Seth R. Stern	100/11020

021569  
CALIPER TECHNOLOGIES CORP  
605 FAIRCHILD DRIVE  
MOUNTAIN VIEW, CA 94043

+3

**CONFIRMATION NO. 8863**

**FORMALITIES LETTER**



\*OC000000007763077\*

Date Mailed: 04/02/2002

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

**FILED UNDER 37 CFR 1.53(b)**

***Filing Date Granted***

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$384.
  - \$216 for 12 total claims over 20.
  - \$168 for 2 independent claims over 3 .
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 1254.**

*A copy of this notice **MUST** be returned with the reply.*

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Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

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05/21/2002 JADD01  
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03 FC:103  
04 FC:105  
05 FC:106

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(Modified) PTO/SB/21 (12-97)

For use through 9/30/00 OMB 0651-0031

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/076,135
		Filing Date	February 14, 2002
		First Named Inventor	Stern
		Group Art Unit	
		Examiner Name	
Total number of pages This Submission		Attorney Docket No.	100/11020

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> No Fee Required	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<b>Declaration</b>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<b>3.73(b) Statement</b>
<input type="checkbox"/> Info. Discd. Stmt. (2 pages)	<input type="checkbox"/> Request for Refund	<b>Return Receipt Postcard</b>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 03-0177 for any additional fees associated with this paper or during the pendency of this application.	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Andrew L. Filler	Reg. No.	44,107
Signature			
Date	5-6-02		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on this date:

*May 6, 2002*

Typed or Printed Name	Michelle Chan
Signature	
Date:	May 6, 2002